

## PART B - FEE(S) TRANSMITTAL

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6-9-05  
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30623 7590 03/09/2005

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY  
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 ONE FINANCIAL CENTER  
 BOSTON, MA 02111

06/10/2005 YPOLITEZ 00000005 10624081

01 FC:1504 300.00 0P  
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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)

(Signature)

(Date)


APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/624,081	07/21/2003	Keith E. Dionne	19141-509 CIP2DIV12CON2	6001

TITLE OF INVENTION: IMPLANTABLE BIOCOMPATIBLE IMMUNOSOLATORY VEHICLE FOR DELIVERY OF SELECTED THERAPEUTIC PRODUCTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$700	\$300	\$1000	06/09/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
GOLLAMUDI, SHARMILA S	1616	424-422000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,  
 Glovsky and Popeo, P.C.  
 2 Ivor R. Elrifi, Esq.  
 Christina K. Stock, Esq.  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Brown University Research Foundation

Providence, RI

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

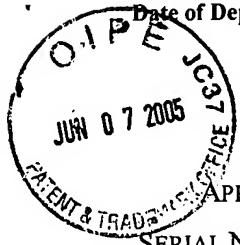
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Jennifer A. KarnakisDate June 7, 2005Typed or printed name Jennifer A. KarnakisRegistration No. 53,097

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT : Dionne, et al.  
SERIAL NUMBER : 10/624,081 EXAMINER : Sharmila S. Gollamudi  
FILING DATE : July 21, 2003 ART UNIT : 1616  
FOR : IMPLANTABLE BIOCOMPATIBLE IMMUNOISOLATORY VEHICLE FOR  
THE DELIVERY OF SELECTED THERAPEUTIC PRODUCTS

June 7, 2005  
Boston, Massachusetts

**Mail Stop Issue Fee**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Transmitted herewith for filing in the present application are the following documents:

- Issue Fee Transmittal (1 page);
- Check No. 20633 in the amount of \$1,030.00;
- Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 542-6000, Boston, Massachusetts.

The Commissioner is authorized to charge any fees that may be due, or to credit any overpayment, to the undersigned's account, Deposit Account No. 50-0311 Ref. No. 19141-509 CIP2DIV12CON2. A duplicate copy of this transmittal letter is enclosed herewith.

Respectfully submitted,

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